

57450

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.  
Please type or print clearly. Press Hard.State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number 015-006014

## GENERATOR (Generator Must Complete)

② Name ALUMINUM COMPANY  
OF AMERICA, VERNON WORKS

EPA NO. CAD074126681

Address 5151 ALCOA AVE Phone No. 588-6141

City, State, Zip VERNON, CA. 90058

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.

EPA NO. CAD080012024

Address 900 N. POTRERO GRANDE DRIVE

City, State, Zip MONTEREY PARK, CA.

④ Alternate TSD Facility

Name CHEMICAL WASTE  
MANAGEMENT INC.

EPA NO. CAT000646117

Address P.O. BOX 1104 430 W. ELM AVE.

City, State, Zip COALINGA, CA.

SFUND RECORDS CTR

999000978

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %			

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802⑬ *K. Gump*  
Signature of Authorized Agent and Title5-4-82  
Date Shipped

## TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.

EPA NO. CAD028277036

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 5-5-82

TIME ☐ AM ☐ PM

5-5-82

⑯ *L. Luth*  
Signature of Authorized Agent and Title

Date

## TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME *Waste Transfer Station* ⑱ QUANTITY (If Measured) 951832

EPA NO. CAD080012024 ⑲ STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME \_\_\_\_\_  
EPA NO. \_\_\_\_\_

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill  
☐ Injection Well ☐ Land Treatment  
☐ Treatment (Specify) \_\_\_\_\_  
☐ Recovery or Reuse ☐ Storage/Transfer
㉒ *H. Luth*  
Signature of Authorized Agent and Title5-4-82  
Date Accepted